

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/U49463</b>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1								
2								
3								
4		3						
5		①						
6		①						
7		①						
8		①						
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44								
45		③						
46								
47								
48								
49								
50								
<b>TOTAL</b>	<b>IND.</b>							
<b>TOTAL</b>	<b>DEP.</b>	11	↓	9	↓	↓		
<b>TOTAL</b>	<b>CLAIMS</b>	12	↓	10	↓	↓		